



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Glenageary
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0003578
Fieldwork ID:	MON-0040122

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Glenageary is a designated centre operated by St John of God Community Services CLG. The designated centre is based in a suburban area of South County Dublin and is made up of two community based homes. The centre provides 24 hour residential supports for residents availing of its services and places a focus on providing person centred care, promoting independence, enhancing community integration and participation, and enhancing the quality of life of residents. The centre is managed by a person in charge, they are supported in their role by two Social Care Leaders.. A staffing compliment of social care workers support residents in each of the houses that make up the designated centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 31 May 2023	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection, prevention and control and to monitor compliance with the associated regulation and Standards.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with seven residents who lived in the centre. The inspector observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

The inspector used conversations with residents and staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection, prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to bring the centre into full compliance.

The centre comprised of two premises that were within close distance to each other. Both houses were two story premises and included a kitchen and dining areas, sitting rooms, downstairs toilets, upstairs bathroom and shower facility. Each resident was provided with their own private bedroom which was decorated to their individual style and choice.

One house had a downstairs shower room which was not in use or available to residents due to planned renovation works. The same house also had an upstairs toilet with hand-basin which was not available for use by all residents however, subsequent to the inspection, an occupational therapist assessment recommended that it be available to staff and two residents (in line with their assessed needs and supports).

One of the houses had been painted in the last twelve months and had new carpet on the stairs. The shed out the back had been upgraded so that when the new kitchen was complete, the washing machine and dryer could be stored in it. The same house won a local competition, which included the prize of a upgraded garden. The garden was spacious and included a BBQ and seating area. There were an array of plants and features in the garden. On speaking with residents, they told the inspector that they enjoyed spending time in the garden and especially in the recent good weather. However, improvements were needed to the maintenance and upkeep of the other house's garden, so that it provided an optimal area for residents to relax but also so that it allowed full accessibility at all times.

On arrival at the front door of the centre, the inspector found that the practice in place for visitors, such as signing in the visitor's book and providing hand-gel and

masks for use, if needed.

In both houses, the inspector observed that residents seemed relaxed and content in the company of staff and that staff were respectful towards the residents through friendly, supportive and positive interactions. Residents appeared to be happy and familiar with their environment. Many of the residents attended day services through-out the week with the option of staying at home if they so wished.

In one house, residents spoke excitedly to the inspector about a fellow house-mate who had won a local art competition. The residents pointed to a framed newspaper clipping on the wall that included the resident and their winning artwork. The inspector was told that the resident was due to display their work at an upcoming art exhibition in a nearby town. The residents themselves was smiling and appeared proud when their art and achievements were being discussed.

In another house, the inspector met with resident while they were enjoying a snack in the dining room and chatting with staff about their day. The inspector observed that a staff office was set up in the room and paperwork on shelving in the area was untidy and obvious to any visitor. On closer observations, the inspector saw that a number of personal documents relating to resident was stored in open filing trays. This meant that the provider was not ensuring the rights of residents in relation to residents' rights to privacy of their personal information. In addition, the office set-up took away from the homeliness of the room.

Residents' independence was promoted in line with their needs and understanding. The inspector was informed by staff that residents enjoyed helping out with the household chores, such as cleaning their bedrooms and the communal areas in their homes. Residents were also supported with other tasks such as laundry. There was a laundry timetable chart compiled which included the days on which each resident was supported to complete their laundry and of the colour coded systems in place (for towels and bedding).

On speaking with staff, the inspector found that residents were empowered to be safe when in their home and out in the community. For example, residents were supported to be aware and knowledgeable, through communication formats that they understood, including prompts, to hand-hygiene when appropriate.

Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were kept separately for personal use in residents' bedrooms. There were a number of hand-sanitiser points located throughout the house. Hand soap and hand sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished. Improvements were needed in one of the houses' downstairs toilets to ensure that the current system in place of using a cotton hand-towel, which was changed once a day, was reviewed and in particular, in relation to frequency of changing it.

There were a number of improvements that were needed to ensure that the centre was suitable to meet residents' individual and collective needs. The provider had identified through a number of allied health professionals, that an upgrade and reconfiguration of some areas of both houses were needed. However, while this had

been self-identified by the provider, there was no commencement date for any of the planned works.

Overall, both houses appeared clean and tidy. The inspector was informed that one of the houses in the centre had been painted during 2022 and that a new carpet had been laid on the stairs. However, on the day of the inspection, the inspector observed, that upkeep and repair was needed to some of the areas of the centre. For example, some of the walls in one of the houses were observed to have chipped and peeling paint. The carpet on the stairwell in one house appeared grubby and unclean. In addition, a deeper clean to some of the facilities such as, shower trays, shower chair and door frames, was also needed.

Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre using the appropriate colour coded cleaning equipment in place, such as mops head, mop buckets and cloths. Overall, staff who spoke with the inspector, were knowledgeable of the cleaning systems in place. However, during a walk around of the centre, in one houses, mop heads were observed to be inappropriately stored on the ground outside.

Staff informed the inspector that they had completed training relating to infection, prevention and control, including COVID-19 and were aware of what to do should there be an infectious outbreak in the centre. Overall, staff were knowledgeable on practices and procedures to keep residents safe.

There were cleaning systems in place and were part of the workforces' daily and nightly duty list. There were daily and weekly cleaning lists for every area of the residents' home and were observed to be comprehensive in nature. However, improvements were needed to ensure that the systems in place were effective and that they were implemented in line with the schedules in place. For example, while, for the most part, the centre appeared clean and tidy, on review of a sample of cleaning checklists, the inspector observed that on some of the days, the checklists had not been completed as required.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures were consistent with the *National Standards for infection, prevention and control in community services (HIQA, 2018)*.

However, the inspector found that some improvements were needed. The provider had enacted policies and procedures to support effective infection prevention and control practices, however, enhanced oversight was required to some of the practices to ensure that they were effective at all times so that care was delivered in a manner that reduced the potential for residents to contract a healthcare-associated infection. There was also some improvements needed to the upkeep and repair of the designated centre however, a number of these had been self-identified by the provider.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of

the service.

## Capacity and capability

Overall, the inspector found that the governance arrangements in place in the designated centre supported the delivery of care and support in a manner that endeavoured to protect the resident from the risk of acquiring a healthcare-associated infection. There had been enhancements to the governance and management systems at organisational and local level which better supported the infection, prevention and control measures (IPC) in place in the designated centre. While a infection control risk had been identified on the day, the person in charge, with the support of the provider and the organisation's lead IPC identified person, put measures in place that ensured that by the end of the day, the risk was minimised.

The inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes ,for residents. Findings from inspections from other centres, run by the same provider, had been reviewed and shared with many of the improvements addressed, or in the process of being addressed. This had resulted in improvement and enhancements to a number of infection prevention and control measures in place.

There were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by two supervisors. The person in charge was responsible for three other designated centres. On the day of the inspection, the inspector met with the person in charge and the two supervisors, who all participated in supporting the inspection.

There was an infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

The provider had also identified a senior individual at the highest level for the service with overall accountability, responsibility and authority for infection prevention and control within the organisation. In addition to responsibility for infection, prevention and control the senior identified person was also responsible for health and safety at organisational level.

The provider had nominated the person in charge as the designated person to manage key areas of infection prevention and control within the designated centre. To ensure the person in charge had appropriate knowledge and skills for the role of lead IPC of the centre, they had been provided with additional and appropriate training. In addition, there were plans for this training to be provided to the two supervisors who were involved in local IPC audits as well as having oversight of



some of the daily duty and cleaning lists in place.

The provider had completed an annual report of the quality and safety of care and support provided to residents in the designated centre (From July 2022 – July 2023) and this was made available to residents and their families who had been consulted in the process. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to residents in the centre were carried out in line with the regulatory requirement, with the most recent review carried out in January 2023. On review of the document, the inspector saw the provider had considered IPC related matters in the review and actions were in place with time-lines and a person responsible to complete matters arising.

There were a series of local audits completed in the centre which considered infection, prevention and control and monitored the quality of care and support provided to residents. These included a quarterly infection prevention and control audit of the designated centre. There was a daily duty checklist, a weekly infection prevention and control checklist and a weekly and daily cleaning schedule and checklist. These systems were in place to ensure the health, safety and well-being of residents and mitigate the risk of spread of infection in the centre. Overall, the audits were comprehensive in nature and for the most part, included oversight by the supervisors and person in charge.

However, while the person in charge and local management had identified, through local audits and checks, that the centre's cleaning checklists and daily duties hand-over documents were not always completed as required, on the day of the inspection the inspector found that the issues remained outstanding. As such the provider could not be assured, at all times, of the effectiveness of the these monitoring systems.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of a sample of minutes, the inspector found that the meeting agendas considered infection, prevention and control as a topic for discussion or shared learning. During these meetings staff were provided with updates on new equipment provided to residents and however, to use and clean them. In addition, any issues that impacted on the effectiveness of the IPC measures in place were also raised and addressed at the meetings.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training to support them to be knowledgeable of standard and transmission based precautions. Staff members were also aware and familiar with the cleaning, laundry and waste arrangements in place and of and the relevant policies and procedures associated with these. Staff were also familiar with the residents' self-isolation plans and how to support residents should there be an outbreak of infection in the centre.

Overall, staffing levels and skill-mix met the centre's infection, prevention and control needs. Additional staffing hours had been sourced to better support

meaningful and community based activities for residents. There was also additional staff on a weekly and fortnightly basis to support the cleaning of the centre.

A range of training and development opportunities were made available to staff. All staff were provided with training relating to infection, prevention and control. Staff had completed five modules of on-line training relating to, hand hygiene, personal protective equipment, standard and transmission based precautions, basics of infection prevention and control and respiratory hygiene. While most staff had completed all five modules on an on-line training course, a few staff were due refresher training in some modules. Staff were required by the organisation to complete this training on an annual basis.

Staff were provided with one-to-one supervision meetings to better support them with their practice. The provider had instructed that staff supervision meetings include an item regarding, Covid-19 related practices, as a standing item on the agenda of each meetings. In addition, the person in charge showed the inspector a copy of an IPC knowledge check questionnaire which was to be included as part of staff members' supervision meetings. This was in an effort to support and update, any learning staff had received during IPC training course to so that it was part of their everyday practice in the safe care and support of residents.

The registered provider had an infection, prevention and control contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of Covid-19 (as well as other infectious deceases) for residents and staff, and contingency plans in relation to staffing and other essential services.

There had been an outbreak in one of the houses within the designated centre. A review had taken place of the outbreak and outbreak plans and associated self-isolating plans had been also reviewed and updated. Plans had also been updated to include all aspects of infection, prevention and control, in move away from Covid-19 related only. On the day of the inspection, the person in charge advised that a further review was planned to ensure all information within the plans were in line with current national guidance.

## Quality and safety

The inspector found that overall, the management and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures. In addition, the provider had ensured shared learning from their other designated centres which had received a HIQA infection, prevention control inspection.

However, some improvements were needed at local level, to ensure the appropriate implementation of standard infection control precautions and procedures, at all

times. In addition, while there were upgrade and reconfiguration works planned for some of the rooms in the designated centre, there were a number of improvements needed to the upkeep and repair of the designated centre which were currently posing a risk to the effectiveness of the infection, prevention and control measures in place.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Residents, and where appropriate, their family, were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection. For the most part, there was good communication with residents and their family, to keep them informed of any changing guidance or controls in the centre in relation to infection, prevention and control.

The design and layout of the two premises was observed to provide a comfortable and homely environment to the residents and, for the most part, appeared clean. One of the houses that made up the designated centre had been painted in the last year. There was a comprehensive cleaning schedule in place in the centre, as well as a daily duties checklist. However, on review of the checklists associated with both the cleaning schedule and daily duties checklist, the inspector found gaps on a number of days of the week. As such, the provider could not be assured of their implementation at all times and of the effectiveness of the infection, prevention and control measures in place.

The provider had plans in place to complete a number of upgrades to both houses, including upgrades to kitchens, bathroom and shower rooms, as well as bedrooms. This was to ensure that the premises provided an accessible environment to all residents and in particular, where their assessed needs were changing. However, the inspector observed, that not all areas of the designated centre were conducive to a safe and hygienic environment. There were a number of areas of the house that required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. In addition, a deeper clean was required to some of the facilities provided in the bathroom and shower rooms.

Some of the residents required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with manual handling aids and devices to support residents' mobility requirements. In addition, some residents were provided with aids and appliances that supported their personal hygiene and intimate care needs. Resident were also supported with specific breathing equipment and apparatuses that aided their sleep patterns. The inspector observed equipment appeared clean and for the most part, there were appropriate guidance and cleaning schedules in place for most of the equipment. However, improvements were needed in one of the houses to ensure all equipment was included on the location's cleaning schedule and in line with best practice. This was to ensure that all residents' equipment was cleaned, decontaminated, stored and used in accordance with legislation, manufacturer's instructions and best practice guidance.

There was ample PPE available in house; there was an additional stock of PPE stored in both houses in the designated centre. The centre had hand-washing facilities and there was a good supply of hand-sanitising gel located at entry points and through-out the houses. However, some improvements were required.

In one house, the inspector observed that two of the rooms that provided hand-washing facilities, were not available to the residents. Steep stairs leading up to the facility resulted in restricted access for some residents. By the end of the inspection, the inspector was advised that within two weeks, works would be completed, (as in interim measure), so that the shower and hand-washing facility would be made available to residents. In addition, subsequent to the inspection, the person in charge put in place recommendations from an allied health professional assessment, which meant that access to the other toilet and hand-washing facility would be made available to most of the residents.

In one of the downstairs toilet facilities in one of the houses, the inspector observed no paper towels. The inspector was informed that the use of paper towel has been stopped as they were being thrown down the toilet and causing blockages in the drains. A cotton hand-towel was been used. There was no risk assessment in place to assess the risk posed by this system. In addition, the frequently of changing the towel (once per day) required reviewing.

There were systems in place for the prevention and management of risks associated with infection prevention and control. There were an array of risk assessment in place to mitigate risks regarding IPC and in particular, Covid- 19. The person in charge advised that local management were in the process of reviewing the risks assessments in line with the new HPSC guidance in place.

There was a specific infection, prevention folder in place in each house that provided an array of information regarding infection control. The folder included guidance and protocols for staff to implement while working in the centre. There were infection, prevention and control local audits and actions plans included. The folder also including the contingency plan and self-isolation plans for residents. However, on review of some of the information within the folder, the inspector found that some documents required updating to ensure it was up-to-date and in line with current national guidance.

Staff were knowledgeable in how to keep the residents safe in the case of an infectious decease. Staff who spoke with the inspector were able to describe what cleaning products were used for different areas and how colour-coded cleaning equipment was used. Staff were aware and knowledgeable of the colour-coded mopping system, and on the day of the inspection, the inspector also observed staff using the appropriate cleaning equipment for the rooms they were cleaning. The inspector observed colour-coded mopping equipment and cloths in the centre however, some improvements were needed to ensure that the mopping equipment was stored appropriately.

There were satisfactory laundry facilities in the centre. The arrangements in place for laundering residents' clothing and linen were found to be in line with the

providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of an infectious disease outbreak. There were plans in place, in one of the houses to move the laundry machines out to a new purpose built shed as part of the kitchen upgrade.

There was a water checking protocol and procedure in place including, associated checking systems. On the day of the inspection, the inspector saw that not all outlets, which were rarely or not being used, were provided with the twice weekly checking system (in line with the organisation's protocols). This impacted on the water safety from these outlets. On the day, when the inspector raised this with the person in charge, they promptly addressed the matter. They linked in with the provider and lead IPC organisational lead person and a water sample test for the location was organised for the next day. A risk assessment was completed and measures were put in place to keep residents and staff safe until the results of test were returned.

There was an outbreak response plan in place for any outbreak of infectious disease including, Covid-19. It included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection.

The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, transport, and waste management, but to mention a few. An outbreak had occurred in one of the houses within the centre during 2022 and a review of the outbreak and the outbreak plan had been completed afterwards.

Residents were provided with person-centred self-isolation plans which had been reviewed in March 2023. The review took into account the experiences of the residents during a self-isolation period in July 2022 and noted what worked well and included improvements if appropriate. However, while residents' self-isolation plans had been updated in March 2023 as well as the outbreak plan in September 2022, further reviews of the plans were required so that they were in line with current National guidance.

## Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to be fully compliant.

The provider had put in place suitable organisational governance and oversight

arrangements for IPC.

Staff received suitable training in IPC and refresher training was made available to them to ensure their skills and knowledge were up-to-date.

The daily duty checklist, daily and cleaning schedule and checklists in place to ensure the health, safety and wellbeing of residents and mitigate the risk of spread of infection in the centre. However, on the day of the inspection, there were a number of gaps identified on the cleaning checklists for both houses.

The centre's outbreak management plan and self-isolation plans required a minor review update to ensure they were in line with HPSC guidance.

Improvements were needed to ensure that appropriate control measures were in place for a toilet facility that was using a cotton hand-towel rather than paper towels. There was no risk assessment in place to assess the risk posed by this system. The frequency of changing the towel, once per day, required reviewing.

Not all outlets, which were rarely or not being used, were not being flushed or checked in line with the provider's protocols and procedures or in line with best practice. The provider took appropriate action on the day of inspection to address this and put in place suitable follow up arrangements which mitigated any associated risks.

Improvements to the storage of mopping equipment was required (mop-heads were observed lying on the ground outside one of the houses).

Not all equipment used by resident were provided with a cleaning schedule which was in line with the equipments manufacturer instructions.

There was a number of upkeep and repair works needed in both houses. The provider had plans in place to upgrade and reconfigure some rooms in both houses however, there was no definitive commencement date in place. Some of the upkeep and repair work identified on the day were also included in the provider's Quality Enhancement Plan (QEP) but not all.

For example:

In one house, the paint and plaster over the wall of the large sitting-room window was observed to be blistering, peeling and cracked in places.

The kitchen door frame was observed to have black grim and ingrained dirt on it.

Stains were observed on the flooring of the downstairs toilet.

The downstairs shower was out of use, there was a reconfiguration plan in place for the room. The shower needed upkeep and repair. By the end of the inspection, an interim measure to bring the facility back into use, (to repair shower tray and tiles by 12th of June 2023), was put in place.

The upstairs (under attic) toilet was not in use for residents but was available to staff – there was no soap or paper towels in the room. Subsequent to the inspection, an OT assessment was carried out and the bathroom was made available to two residents and staff with a long-term plan to review the facility overall.

In an upstairs bathroom, there was no plastic bag observed in the bin. There was rust observed on the support rails either side of the toilet and there was water stains observed inside the bathroom wall cabinet.

There was a number of food items in fridge observed to be open with no opening date or label on them (this was observed in both houses).

In the other house, the boiler cupboard in the kitchen was observed to have peeling paint and mould on inside wall and shelving. The door of the cupboard was louvre type of door and the inspector was advised staff that it was difficult to clean. In addition, some of the shelving inside the cupboard was made of raw timber with other shelving showing chipped and peeling timber. Cleaning equipment such as mop heads and cloths were stored in the boiler cupboard.

There were areas in the hall and stairway observed to have chipped and peeling paint.

The stair's carpet appeared grubby and dirty.

There was a shower chair attached to the shower wall that was no longer in use however, the legs of the chair, just above the feet of it, were observed to have ingrained dirt.

The bin in the bathroom was observed to have a lot of rust on it. The tiles in the bottom section of the shower required re-grouting and the shower shower pipe was observed to have rust on it.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant



# Compliance Plan for Glenageary OSV-0003578

Inspection ID: MON-0040122

Date of inspection: 31/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning checklists are being streamlined in both locations and staff will ensure any daily tasks that have not been completed will be handed over to the next staff coming on duty. Supervisors will sign off checklists on a weekly basis and person in charge will review monthly.</p> <p>A review of the locations outbreak management plan and self-isolation plans has taken place to ensure they are in line with HPSC guidance.</p> <p>A risk assessment is now in place for the toilets that use cotton hand-towels rather than paper towels and the frequency of changing the towels have increased to three times daily.</p> <p>Used mop heads will be stored in an identified basin once used until they have been laundered. Laundry protocol will be ammended to reflect same.</p> <p>All equipment used by residents will be cleaned in line with manufacturers guidelines and added to the residents care plans and weekly cleaning checklists.</p> <p>Upkeep and repair work for both locations have been reviewed with maintenance and all items have been logged on the maintenance request system and Quality enhancement plan.</p> <p>Soap Dispenser and Hand Paper Towels have been fitted in the upstairs (under the attic) toilet.</p> <p>Plastic bags are replaced once the bins have been emptied in bathrooms, support rails with rust are being replaced and cabinet in bathroom being replaced.</p> <p>All staff will refresh food safety training on HSELand and supervisors will ensure labels</p>	

with opening dates are in place.

Boiler Cupboard in kitchen will be repainted and all shelving replaced to ensure it can be effectively cleaned. Mop heads and clothes will be stored in a storage box.

Hallway and stairway will be repainted to ensure there is no chipped or peeling paint.

Cleaning of carpet on stairs will have increased cleaning frequency.

Shower chair no longer in use will be removed.

Bathroom bin that had rust has been replaced, shower pipe will be replaced and bottom section of shower will be regrouted.

The personal documents relating to residents files that was stored in open filing trays have now been stored securely with other files.

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2023